POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		1693101	9/19
O.I.P.E. CLASSIFIER		10	9-22-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		54222	10-25-00

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date									
Final	Original	7-31-03	2-6-04	7-20-04							
	1	✔									
	2	✔									
	3	✔	✔	✔							
	4	✔	✔	✔							
	5	✔	✔	✔							
	6	✔	✔	✔							
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Claim		Date									
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If more than 150 claims or 10 actions
staple additional sheet here

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